

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item cannot be obtained, insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Pinal
District #1
Town or City Florence No. _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State index No. 324

CERTIFICATE OF DEATH

County Registrar No. _____

(If death occurred in a Hospital or Institution, give its name instead of street and number) St. Local Registrar's No. _____

FULL NAME John W. Payne

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White ☒ Indian ☒ MARRIED ☒
Black ☐ Chinese ☐ WIDOWED ☐
Mexican ☐ or DIVORCED ☐

DATE OF BIRTH Aug 14 1866
(Month) (Day) (Year)

AGE 56 yrs. 2 mos. 27 days hrs., or min.
If less than 1 day _____

OCCUPATION

(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE

(State or country) North Carolina

NAME OF FATHER

Barnette Payne

BIRTHPLACE OF FATHER

(State or country)

unknown

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

(State or country)

The above is true to the best of my knowledge.

(Informant) W B Payne

(Address) Florence

Place of Burial or Removal

Florence

Date of Burial or Removal

Nov 13 1922

Undertaker

D O Martin

Address

Florence

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Nov 11 1922
(Month) (Day) (Year)

I hereby certify that I attended deceased from Nov 9 1922 to Nov 11 1922; that I last saw him alive on Nov 11 1922 and that death occurred on the date stated above at 7:27 A.M. The DISEASE or INJURY causing death was as follows:

Obstruction of small intestine

(Duration) _____ yrs. _____ mos. _____ days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) _____ yrs. _____ mos. _____ days

(Signed) E G Hynes, M. D.

Nov 15 1922 (Address) Florence

*In deaths from Violent Causes, state: (1), Means of Injury; and (2), Whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE

At place of death 3 years _____ months _____ days

In Arizona 4 years _____ months _____ days

Former or Usual Residence Texas

Filed

Nov 13 1922 E G Hynes
Local Registrar.

Filed

A True Copy

_____, 19____ County Registrar.